



Iowa Department of Human Services

Terry E. Branstad
Governor

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Charles M. Palmer
Director

INFORMATIONAL LETTER NO.1154

DATE: July 19, 2012

TO: Iowa Medicaid Hospitals Not Enrolled With Iowa Care

ISSUED BY: Iowa Department of Human Services, Iowa Medicaid Enterprise (IME)

RE: Replenishment of Limited Emergent Hospital Coverage for IowaCare Members

EFFECTIVE: July 1, 2012

In 2010, Informational Letter No. 947 (http://www.ime.state.ia.us/docs/947_LimitedEmergentHospitalCoverage.pdf) announced a new appropriation of limited funding for emergency hospital services for IowaCare members available when rendered by a hospital licensed in Iowa and enrolled with Medicaid but not a designated IowaCare hospital.

For State Fiscal Year 2013, the fund has been replenished with \$2 million, consistent with the funding over the past two fiscal years. The funding is for inpatient hospital charges only and does not cover physician or other practitioner charges. Reimbursement for these services will end when the funding is exhausted. All requirements remain the same; the following criteria must be met for non-IowaCare hospitals to receive reimbursement:

- The member must be enrolled with IowaCare at the time of the service. Providers should verify eligibility via the Eligibility and Verification Information System (ELVS) line or portal located at <http://www.ime.state.ia.us/Providers/OnlineTools.html>.
- The service is an emergency as designated by the department and it is not medically possible to postpone provision of the service. The IME Emergent Diagnosis code list is located at <http://www.ime.state.ia.us/docs/EmergencyDiagnosisCodes.xls>.
- It is not medically possible to transfer the member to an IowaCare hospital, or the IowaCare hospital does not have sufficient capacity to accept the member.
- The emergent service is followed by an inpatient admission at the treating, non-IowaCare hospital.

State Fiscal Year 2013 begins with dates of service on July 1, 2012. The IME will process and pay these claims as they are received until the \$2 million appropriation is exhausted. Once expended, all other emergent hospital services (at a non-IowaCare hospital) for IowaCare members are the responsibility of the member.

In 2011, Informational Letter No. 1053

(http://www.ime.state.ia.us/docs/1053_Changes_in_Limited_Emergent_Hospital_Coverage_for_IowaCare_Members.pdf) removed a requirement for the non-IowaCare hospital to collaborate with the IowaCare hospital as a condition of payment. That announcement also remains accurate.

If you have any questions, please contact the IME Provider Services Unit at 1-800-338-7909, locally in Des Moines at 515-256-4609 or by email at imeproviderservices@dhs.state.ia.us.